

Library

THE HEALTH
of the
RURAL DISTRICT OF BLABY
Leicestershire



1954

The ANNUAL REPORT
of the Medical Officer of Health
and the Chief Sanitary Inspector

RURAL DISTRICT OF BLABY

ANNUAL REPORT

of the

MEDICAL OFFICER of HEALTH

D. H. McFarland, M.B., B.Ch., B.A.O., D.P.H.

together with the

ANNUAL REPORT

of the

CHIEF SANITARY INSPECTOR

J. J. Galsworthy, M.R.San.I., M.S.I.A.

for the

YEAR 1954



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b28930459>

BLABY RURAL DISTRICT COUNCIL

Public Health Committee

(Appointed May 1954)

Mr. T.H.H. Potter, Chairman of the Committee,	Mr. L. Wells, Chairman of the Council,
Mr. G.W. Sharpe, Vice-Chairman of the Committee,	Mrs. G.E. Frears,
Mr. J.W. Atkins,	Mrs. D.K. Pope,
Mr. J.H. Bent,	Mrs. E.C. Robinson,
Mr. S. Callington,	Mr. J.K. Kew,
Mr. W. Coley,	Mr. W.J. Leedham,
Mr. A.E. Dalby,	Mr. A. Pedley,
Mr. J.W. Glazebrook,	Mr. T.H. Smith,
Mr. F.M. Griffin,	Mr. J. Snape,
Mr. R. Harris,	Mr. F.E. Swinfen,
Mr. J.W. Herrick,	Mr. F.H. Webb, M.C.,
Mr. V.C. James,	Mr. W. Wedge,
	Mr. H. Yates.

Public Health Department

Officers and Staff

Medical Officer of Health:

D.H. McFarland, M.B., B.Ch., B.A.O., D.P.H.

Chief Sanitary Inspector:

John J. Galsworthy, M.R.San.I., M.S.I.A.

Additional Sanitary Inspectors:

A.J. Slipp, M.S.I.A.

R.R. Blaylock, M.S.I.A.

Secretary: Miss S.M. Carter.

Shorthand Typist: Miss M.R. Needham, (resigned June 1954).

" " Miss J. Mills, (appointed August 1954).

General Assistant and Rodent Operative:

G.E. Hunt.

"Let the bold and the busy hunt glory and wealth,
All the blessing we ask is the blessing of health."

To the Chairman and Members of
Blaby Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the Health of the District for the year 1954.

The Vital Statistics present a satisfactory picture with the Birth Rate the lowest recorded, the Death Rate altering little over the last twenty years, while the Infant Mortality Rate is at a low level.

Infectious diseases show a year without major incident, apart from a mild epidemic of dysentery which has been described in detail. Once again, there has been a happy absence of typhoid fever, diphtheria, and smallpox, with one case of poliomyelitis. But let it be well understood that unless there is unremitting vigilance, these gains will not be maintained.

The problems of the aged with regard to housing have been gone into, and the position put as seen by me.

In conclusion, I should like to express my appreciation of the support extended to me by the Chairman and Members of the Health Committee, and to thank all members of the Department, and, indeed, the Council staff, for their help during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

D. H. MCFARLAND,

Medical Officer of Health.

SECTION A

VITAL STATISTICS

BIRTHS

Live Births	Males	Females	Total
Legitimate	274	225	499
Illegitimate	4	13	17
Totals	278	238	516

BIRTH RATE

13.0 per 1,000 estimated population

1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
15.7	15.5	14.1	15.3	14.8	14.2	14.5	15.8	13.9	17.1	20.2

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
20.6	16.4	19.3	19.4	17.2	16.7	14.9	14.8	14.3	13.5	13.0

The birth rate of 13.0 per 1,000 population shows a further fall. It is the lowest recorded rate. The total number of births is twenty-one less than last year. One now begins to wonder just how low the rate will fall as the drop is still a steady one.

Probably one of the biggest factors responsible for this falling birth rate is the more wide-spread knowledge of family planning. Parents endeavour, chiefly through economic necessity, to limit their family so that every child shall have the maximum opportunity for health and happiness. The family can plan its future so that each member will enjoy the greatest possible mental and physical benefit, and the maximum opportunity for survival. This subject of family planning is fraught with religious and ethical implications and will now be smartly dropped.

Some other factors on which the birth rate depends are:- the proportion of women who do in fact marry: the desire of married couples to have children: the ability of married couples to have children, and the number of women who can marry (i.e. find a mate in a monogamous society in which there are more women than men).

Considering the age at which people marry, one has only to recall the fashionable age of marriage in our grandfathers' and grandmothers' time and consider it with today. There seems to be a definite shift from the before twenty-year stage to the middle twenty, and even later twenty-year stage. Indeed, going back further, the greatest love romances of history occurred between men and women whom we in the twentieth century now regard as having not yet reached years of maturity. Most of these great lovers of romance had not yet attained the present age of consent, and

nowadays they would be treated as juvenile delinquents and sent to an approved school. Achilles' love affair with Deidamia, by which a son was born to him, happened when he was only fourteen. Juliet was of the same age when Romeo fell in love with her. Helen was married at the age of twelve, Daphnis was fifteen, and Chloe was thirteen. How times have changed; today we are biologically adult many years before society is prepared to accept us as socially adult. Perhaps it is that with the expectation of life lengthening, there is no hurry for a youth to get married and take his place in the world.

It is also interesting to recall that married women born in England and Wales between 1840 and 1860 had on an average between five and six children: those born between 1925 and 1929 by contrast had on an average 2.2 children. The Victorian group had 20% of families with two children or fewer, and 33% of families with eight or more. In the 1925-29 group 67% of families had two children or fewer, and only 2.3% had eight or more. It is apparent that the one-child and two-child family has been substituted for the family of five, six, or seven as the commonest family size. It must also be recalled, though, that a baby's chance of surviving the first year of life is some four to five times greater in recent times than in the Victorian era.

Small families in themselves may raise social, medical, and administrative problems in the future. There is no better or more understanding company for a child than another child, and one-child, or even two-child families, are not without their own particular social problems. Small families will encourage the association of young children outside the home and not in the home.

Where the first pregnancy these days is generally viewed as a "trial run" and a matter for the hospital or nursing home, this might even have a future reflection on the size of the midwifery services, as well as affording the general practitioners with fewer confinements. As the members of small families reach middle and old age, there will be a diminished circle of relatives to care for them and to temper the loneliness of old age with consequent increasing responsibilities falling upon the State. The total school population will decrease, and this, generally speaking, is beginning to show in the infant section at the moment. Indeed, our future housing policy cannot be disassociated from the family size.

These are, of course, only speculations and the actual tide of events may well prove them wrong as is often the case.

The Birth Rate for England and Wales was 15.2 per 1,000 population. Illegitimate births represent 3.3% of the total live births.

The percentage of illegitimate births between the years 1925 to 1929 was 2.8, and for the period 1950 to 1954 was 3.0. It can hardly be assumed that the younger generation today are any more immoral than their parents' generation.

DEATHS

	Males	Females	Total
Deaths from all causes	212	222	434

DEATH RATE

10.9 per 1,000 estimated population

1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
8.6	7.8	10.0	8.6	9.6	8.1	9.0	10.2	9.2	8.9	10.6

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
9.9	9.5	10.9	10.2	9.2	9.9	9.5	10.0	8.5	10.6	10.9

The Death Rate shows a very slight increase on last year, but there has been little change over the last twenty years. This comprises favourably with the rate of 11.3 per 1,000 population for England and Wales.

The commonest causes of death were (see page 29), (1) heart diseases and diseases of the circulatory system, (2) cancer, and (3) vascular lesions of the circulatory system, in that order.

The number of people who die from heart disease each year seems to have increased gradually over the years. This does not necessarily mean that heart disease is on the increase. In fact, there is good evidence that heart disease actually is not on the increase, but decreasing in importance as a premature cause of death. The reason for this apparent increase in heart disease is probably this.

There is a great reduction in deaths from tuberculosis, pneumonia, and the acute communicable diseases of childhood, which used to cause a considerable number before middle age. This has meant that many people have survived to die later of heart disease, as the risk of death is greater at the far end of the life span. In other words, the longer a man lives, the greater is the likelihood of finally dying from heart disease, or what might be more accurately termed heart failure, as it is inevitable that the heart must wear out and stop beating sometime.

From the following table of the number of deaths during the various months of the year, it can be seen that a greater number occur from October to March than during the other six months.

Nevertheless, an appreciable number do occur during our Summer season. Perhaps this is not surprising as there seems to have been little difference between 'Summer' and 'Winter' during the last few years except in name.

DEATHS PER MONTH OVER FOUR YEARS

	1954	1953	1952	1951
January	37	48	38	57
February	52	44	33	52
March	52	66	26	39
April	30	34	32	29
May	33	25	31	35
June	33	25	18	26
July	41	15	19	20
August	26	26	22	23
September	30	34	26	19
October	23	21	31	34
November	31	41	24	32
December	46	43	42	25

This does not only apply to deaths, but is also the accepted view with regard to "rheumatism" with major and minor aches and pains, colds, etc., and conjures up a vision of that depressing side of Winter which is so familiar to us all and so different from the traditional Winter scene beloved by the designers of our Christmas cards. It might even be said that they are the price the inhabitants of these Islands have to pay for living in 'this sceptred isle'.

Let us consider the problem and try to discover, if possible, the connection. When discussing 'Winter' it is cold which first and foremost comes to mind as the most important contributing factor. Nevertheless, this does not appear to be the whole story, as, for example, the rheumatic diseases are said to be rare among people of the far North such as the Eskimos, just as the incidence is equally low in the tropics.

Humidity is another factor. Here again every country in the world seems to have its own pet spot to achieve a "cure" for the various aches and pains. Some nations prefer the moist coastal areas, others choose a mountainous area, while a group of opulent wanderers travel widely into foreign countries seeking relief. Climatic conditions, however, do have an effect upon the human body, but in just what way is too little known. In other words, dampness has been generally accepted as having an evil influence upon the human body, as is well realised by those suffering from certain forms of rheumatism.

There is, however, another important factor. The intensity of pains and aches at any time may well be dependent on what is generally termed "morale". This has been defined as 'the sum total of all those factors determining physical, mental, and emotional well-being'. One's morale is very important and reflects our

outlook to a remarkable extent. Morale is itself much influenced by physical factors such as the brightness of the day, the warmth of the atmosphere, and the ease with which locomotion can be carried on. The sight of growing and flowering vegetable life is uplifting to morale, whilst the news of an ill relative or friend is correspondingly lowering. Thus it is that during the dark, cold, and often wet weeks of January and February, when one's friends or associates are ill, or in the hands of the undertaker, when the trees are bare and no birds sing, some degree of depression with introspection may be induced so that minor pains and aches take on an ominous significance, and, as their intensity increases, the victim is found hurrying to his doctor in search of a diagnosis and cure. Then it is that the Summer molehill of discomfort can so easily become the Winter mountain of unbearable pain or even death.

"Old Winter, sad, in snowy clad
 Is making a doleful din:
 But let him howl till he crack his jowl
 We will not let him in.

Let his baleful breath shed blight and death
 On herb and flower and tree:
 And brooks and ponds in crystal bonds
 Bind fast, but what care we?"

"Old Winter" - T. Noel.

Perhaps Robert Burns, in his native wisdom, but I hope not native vigour, had his own answer for the prevention of Winter discomforts when he wrote:-

"Up in the morning's no for me,
 Up in the morning early;
 When a' the hills are cover'd wi' snaw
 I'm sure it's Winter fairly."

The number of deaths from cancer is fourteen more than last year and represents 18% of all deaths. It will be appreciated that there is a greater number of deaths from cancer in women than in men.

Cancer of the breast accounted for fifteen deaths amongst women and their average age was 60 years. Twelve of the deaths occurred in married women, and three in spinsters. It might be suggested here that an earlier visit to the doctor would at least have saved some of these lives and perhaps added a few years to others.

Cancer Mortality Rate (all forms) taken in triennial periods

1925 - 27	.....	1.1	1940 - 42	.....	1.4
1928 - 30	.....	1.1	1943 - 45	.....	1.6
1931 - 33	.....	1.3	1946 - 48	.....	1.6
1934 - 36	.....	1.4	1949 - 51	.....	1.8
1937 - 39	.....	1.4	1952 - 54	.....	1.6

From the previous table it will be seen that over the last twenty-nine years there ~~has~~ been a gradual increase in the deaths from cancer. The average age of females who died of cancer was 65 years and males 66 years.

There was one maternal death attributed to pregnancy, child-birth, or abortion. This is the first death of a mother associated with pregnancy recorded since 1949, and the records prior to this do not mention maternal deaths. During this time there have been over three thousand babies born.

Infant Deaths (under 1 year of age)

	Males	Females	Total
Legitimate	8	4	12
Illegitimate	1	0	1
Totals	9	4	13

Infant Mortality Rate

25.2 per 1,000 live births

1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
32	44	40	27	46	25	30	40	43	50	28

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
34	36	34	43	27	29	29	27	25	26	25

Infant Deaths (under 4 weeks of age)

	Males	Females	Total
Legitimate	7	1	8
Illegitimate	1	0	1
Totals	8	1	9

Neonatal Death Rate

16.8 per 1,000 live births

Still Births

	Males	Females	Total
Legitimate	10	5	15
Illegitimate	-	-	0
Totals	10	5	15

Still Birth Rate

28.2 per 1,000 (live & still) births

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
25	33	26	35	33	15	22	30	27	11	28

Thirteen deaths occurred in children under one year, and, of these, nine died during the first four weeks of life. Fifteen babies were stillborn, or, in other words, did not show any sign of life at birth. It is probable that the same "toxic" factor which caused the babies to be stillborn also played a large part in the deaths under four weeks. Indeed, it might well be argued that the same factor, or factors, acting in a stronger or more toxic form produces abortions or miscarriages earlier in pregnancy. It may also be possible that some of our congenital deformities may be due to that same factor acting in a lesser degree on a particular organ. This may be over-simplifying the problem, but, up to the moment, we know very little about it. One thing is certain, however, and that is that the above rates will alter little until our understanding of the problems associated with childbirth become clearer.

Causes of Infant Mortality

Under Four Weeks

Prematurity	3
Pulmonary Atelectasis	2
Cerebral Haemorrhage	1
Cerebral Oedema	1
Spina Bifida	1
Meningo Myelocoele	1

Four Weeks to Twelve Months

Acute Tracheo Bronchitis	2
Acute Urinary Infection	1
Acute Intestinal Haemorrhage	
(Post Repair Diaphragmatic Hernia)	1

Again, attention is drawn to the need for expectant mothers to avail themselves fully of the vitamin supplements supplied practically for the asking. Our frequent grey skies and lack of sunshine makes these a necessity. Indeed, a recent survey has shown that a large percentage of expectant mothers are anaemic and require iron as well. It has been stated in the Editorial of a recent British Medical Journal on "Iron Deficiency in Pregnancy":- "Unless haemoglobin estimations can be done as a routine, oral iron should be prescribed for all pregnant women The attainment and maintenance of a high haemoglobin level during and after pregnancy not only increases the margin of safety for mother and foetus, but it also ensures the woman a quicker recovery from childbirth, and gives her more energy to resume her household duties and to enjoy her motherhood".

The Infant Mortality Rate for England and Wales was 25.5 per 1,000 live births, and our own approximates very closely to this.

GENERAL STATISTICS - 1954

Area of District	32,583 acres
Population (Estimated Mid-Year)	39,800
Number of Occupied Houses	12,656
Rateable Value (31st December 1954)	£191,759
Product of a Penny Rate	£742

Population

It will be seen that the Registrar General's estimate of our mid-year population is 39,800. The estimate for 1953 was 39,810, which means that for some inexplicable reason, according to the Registrar General, our population fell during 1954. This rather reminds one of the scare just before the last war when it was heavily predicted that the population for England and Wales was beginning to fall and woe betide the future of this country.

The following few verses are taken from a poem written by Sir Alan Herbert and quoted in the House of Commons on this subject at that time.

"In 1937 was a rumour going round
That Income Tax was soon to be six shillings in the pound;
The cost of education every season seemed to swell;
And to everyone's astonishment the population fell.

Five hundred brand-new motor cars each morning rode the roads,
And flashed about like comets or sat motionless as toads;
Whichever course they took they made the public highway hell,
And everybody wondered why the population fell.

Great science nobly laboured to increase the people's joys,
And every new invention seemed to add another noise;
One was always on the telephone or answering the bell,
And everybody wondered why the population fell."

The cost of education has nearly swollen to bursting point, the public highway still approximate to hell, (as far as one can imagine), noises are undoubtedly an abomination, particularly in this District, but the population is not falling, nor is Income Tax anything near six shillings in the pound.

Needless to say the population did not fall, but kept rising as it is still doing. This just goes to show how human nature can baffle the wise predictions of our statisticians, and often unpredictable factors seem to creep in, which, in time, rather upset the numerical apple-cart. Statistics are revealing though often without being proof; they do point a finger at something which rouses an enquiring mind and stimulates interest.

Age Incidence of Death

	Males	Females	Totals	Percentage
Under 4 weeks	8	1	9	2.1
4 weeks - 1 year	1	3	4	0.9
1 - 4 years	-	-	-	-
5 - 14 "	2	0	2	0.5
15 - 24 "	2	1	3	0.7
25 - 34 "	5	2	7	1.6
35 - 44 "	5	10	15	3.5
45 - 54 "	20	15	35	8.1
55 - 64 "	30	37	67	15.5
65 - 74 "	62	43	105	24.2
75 - 84 "	58	75	133	30.7
85 - 94 "	19	33	51	11.8
95 - 100 "	-	2	2	0.5
100 +	-	-	-	-

A very encouraging picture - 67% of those who died exceeded the age of 65 years and 43% exceeded 75 years of age. In other words, over 67% of us should live to draw the Old Age Pension, and 43% will be able to draw the pension for at least ten years with lots more to come. Let us hope that when we stagger along, "cap in hand", the contribution will make the journey worth while.

Let us look again at the table and observe that two women exceeded 95 years, whereas all the men had fallen by the way-side.

The average age at which the males died in Blaby Rural District was 68 years and females 74 years. In England and Wales the expectation of life at birth in 1953 was 67 years for males and 72 years for females, whilst in 1871-80, it was 41 years for males and 45 years for females.

Although pleased with ourselves, let us not be too parochial in our outlook and cast a thought to the plight of young and old elsewhere in the world, which through modern methods of travel seems to be getting smaller and smaller. The World Health Organisation reminds us that two-thirds of all the people in the world are undernourished and have an expectation of life of no more than thirty years - just about what we in this country enjoyed during the reign of Elizabeth I. The candle of life burns long for us now and has become guarded more and more against the ill-winds that used to blow it out so tragically soon.

Increase of Births over Deaths

1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
247	279	122	206	166	203	188	198	170	294	340

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
381	243	360	342	306	265	227	187	228	114	82

With a falling birth rate and the death rate remaining pretty constant, the births have exceeded the deaths this year by only eighty-two. This is the lowest recorded figure.

One might get the impression that at the present time old people are living longer. This is a misconception. What is happening is that many more of us are now attaining the age of 65 than was formerly the case, and it is only in this sense that we are becoming an older population. We are still a long way from becoming a nation of centenarians. "Perhaps some of us may not want to achieve treble figures!" This is often a casual statement made by the 'younger' generation, but it is a good bet that when their time comes, they will hold on to the threads of life as tenaciously as the present old ones. At any rate, we really have little choice in the matter, but I am certain we shall not be as heroic as the people at Grantchester, recorded by Rupert Brook:-

"And when they get to feeling old
They up and shoot themselves I'm told."

That would solve the problem of housing for old people, would it not!

With the birth rate falling, the death rate remaining fairly constant, and more people on the average living longer, the long term change in the population is expected to be that there will be on the one hand more old people, and on the other, fewer children. This brings us once again to consider further the problems of the aged. There is no doubt that any scheme that enables the old folk to maintain contact with normal life, and, particularly family life, deserves support and encouragement, and is certainly kinder and more economical than admission to a home or hospital. I am, however, extremely pleased to record that the members of the Council are very conscious of the problems of the old people, and that interest is not only confined to those ageing themselves, but also the younger ones.

During the year, active discussion has taken place on several occasions, and this will no doubt show itself in a more tangible form in the near future. It must not be forgotten, though, that the Council has already built bungalows for old people and have at the moment plans for others. A full report on the problem of the aged and recommendations with regard to all aspects of housing was

presented to the Housing Committee by your Medical Officer of Health and accepted by them. It will not come amiss, however, to discuss some other aspects of old age.

The building of old people's houses seems to have been accepted as one of our acknowledged duties to the community. As, has been pointed out earlier in the report, with the falling birth rate, there is a tendency for more one-child or two-child families. Consequently, there will be a diminishing circle of relatives to care for and look after the aged with new responsibilities falling on the local authorities. At the present moment, there is often great difficulty in persuading a son or daughter out of a family of four or five to look after one of their own parents, so that the parents can live out their earthly existence in their own home and in the surroundings that they know and have enjoyed for years. It is therefore very important that suitable homes should be provided for the aged so that their burdens are the minimum, and they can live an independent existence as long as possible in their own surroundings.

It might also be pointed out that when an old person requires care and attention and is admitted to a Residential Home, like Enderby House, it is quite a costly business to keep him there. For example, the estimated cost for this year to the County Council of keeping old people in Residential Homes is £5.8s.6d. per person per week, and in one of the new Homes recently opened, is £6.13s.0d. per person per week. Also, the cost of building Homes at the moment is no small amount, and there are several under construction with a few more being planned.

There is a great deal talked at the present time of welfare facilities provided by the County Council for groups of old people's bungalows. The practical point of the number of bungalows built on a site where welfare facilities would be required, or even asked for, has yet to be settled. An absolute minimum, and I very much doubt if it would be practical, would be twelve. Then, out of this twelve, one would have to be occupied by a warden who, with his wife, would generally supervise and help. The warden's facilities would be provided by the County Council, central heating would also be supplied by the County Council, and probably a club room for social amenities. This is the general idea, but can we afford one bungalow in every twelve for a warden, or for that matter club room space where two more bungalows could have been built?

Also, what about the generally held and accepted view that old people should not be dumped together and segregated from the rest of the community? Remember what a Minister of Health said. "I hope that old people will not be asked to live in colonies of their own; after all they do not want to look out of the windows on endless processions of funerals; they also want to look on processions of perambulators therefore, I hope that local authorities will arrange their schemes in that fashion." A further point is that the average old person is not infirm nor incapable of looking after the great majority of his needs. There is a tendency among certain people that the more there is done for them the more they expect to be done, and so a circle of inactivity sets in leading to helplessness and complete dependence. This has to be watched. At

any rate with a careful selection of tenants surely there could be found one not-so-elderly who would undertake to do odd jobs for the others, provided, of course, that the old people themselves wish assistance!

Let us consider it from another point of view. Where in this District will units of twelve old people's bungalows be required, even if, regardless of other commitments, (slum clearance, individually unfit houses, the ordinary housing list, and the reduced building allocation), it was thought necessary to build them? At the moment, it is felt that the Council will be doing its duty if old people's accommodation is built in units of twos, fours, or sixes in convenient accessible places not far removed from their original abode. Time may alter this opinion and this subject should be kept constantly under review as there is little doubt the problem will increase.

The next question is what type of bungalow accommodation should take priority - one bedroomed or two bedroomed? Moving around the District it is found that the great majority of old people have their relatives either in the village, or very near at hand. We are not, generally speaking, catering for the type of person who has left his home surroundings and gone to live in another part of the country and when he takes ill the relatives who come to see him cannot return home that same day.

At the present time the majority occupy one bedroomed cottages or small houses. This is what they have been used to and is just about within their limits to furnish and keep clean. The furnishing is an important point as old people will undoubtedly take all their treasured bits and pieces with them. If they have not the furniture to furnish the extra bedroom in a two-bedroomed bungalow, and few of them have, then it is useless providing one, as well as more expensive to do so. After all, how often do we use our 'spare' room? As a rough estimate from visiting many old people in their homes, it is reckoned that there should be at least four single bedroomed bungalows to every one double bedroom.

Another interesting problem is the age best suited for old people to move into a new house. After being in the same house for a number of years and knowing instinctively every step, every corner, and every electric switch, where to find the brush, the knitting basket, the pipe, the matches, the crockery, the knives and forks, the poker, etc., it takes quite considerable readjustment and control of temper to accustom oneself to a new environment, even for a young person. As you cannot expect an old dog to learn new tricks, nor can you expect an elderly person of seventy five with failing vision, unsteady step, and a limited capacity for work, to master the whereabouts of a new house. This change over has to be accomplished as early as possible.

I well remember an old man living by himself, who never removed the frying pan from the top of the gas stove, accusing a Home Help, after her first visit, of stealing, when in her own way of 'tidying-up' she put the frying pan in the adjoining cupboard. The old man had learnt to expect the frying pan to be in that one position, as indeed many other things in the house had their own

fixed position. How would he have fared if removed to a modern bungalow?

Consideration of the housing needs of the aged has to be on a long term basis and although there is a definite need at the moment and this will increase, it is worth while to tread wearily, and, where possible, bungalows should be built in small groups and offered to those in the early retiring age, as they are best able to cope with the problems of a new house at that time.

The extent of the problem will become clearer as time goes on and when it is generally known that bungalows are available for those of retiring age, then the future building programme can be judged from the waiting list and the type of accommodation most requested. After all, we may know, for example, it would be a good thing for old people to vacate large houses which are much too big for them, but we must respect the right of the aged to keep their own homes even if they are so. This is where gentle persuasion is required and this can be more effective at sixty five than seventy five!

On visiting old people around the District, it is amazing how many of them rely on a little private store of some sort of alcohol, usually whisky, as a nightcap, or taken on occasions with a meal. It is very often suspiciously tucked away in the remotest part of the house and disguised in all sorts of bottles with the most repellent and poisonous types of labels. There is a certain feeling of guilt about it all and suspicious lest the neighbours should find out their private habits. However, it is good to feel that in their solitude and loneliness, they at least go to bed with a song in their hearts and a sense of well-being and freedom from worries. Perhaps as they sit in their chairs before the dying embers of their meagre fires, or mount the stairs for bed, they are quietly reminiscing and humming a song that takes them back many, many years - the tune may not be recognisable, but the words are quite sincere.

Another problem is one that is looked at from the county as a whole. It is considered that it is only in the larger urban areas of the county that old people's bungalows will be built in sufficient numbers to warrant welfare facilities provided for by the County Council. In the rural areas, and possibly where there is a higher percentage of old people, the need for old peoples' accommodation will be met by small groups of bungalows in the villages without welfare facilities. It is more expensive to provide small groups of bungalows than it is to build large numbers. This expense is falling on those rural areas which can least afford to build an expensive type of house. Conversely, the richer urban areas can build their bungalows cheaper and, as well as this, the County Council will in all probability provide welfare facilities.

By building accommodation for old people it is probably one way of reducing the waiting list for Residential Homes. This is very much in the interest of the County Council considering the expense of running these Homes and the cost of building new ones. Consequently, it is considered that the County Council should be asked to off-balance this discrepancy so that if there is any

financial aid for the provision of accommodation for old people, at least it should be used so that the cost to the Rural Districts to build this specialised type of accommodation should not be greater than for the Urban Districts. The urban areas will, of course, also benefit by the County Council providing their welfare facilities, so that in the long run, they receive a much larger slice of the financial pie.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Total number of cases of Infectious Diseases
notified during the year 1954

NOTIFIABLE DISEASE	Number of Cases Notified at Ages								TOTAL DEATHS
	At all ages	Under 1 year	1-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65 & up- wards	
Scarlet Fever	22	-	5	16	-	1	-	-	-
Whooping Cough	80	7	39	34	-	-	-	-	1
Diphtheria	0	-	-	-	-	-	-	-	-
Measles	12	-	8	2	2	-	-	-	-
Pneumonia	43	-	-	7	5	14	12	5	10
Meningococcal Infection	-	-	-	-	-	-	-	-	-
Poliomyelitis	1	-	-	-	1	-	-	-	-
Dysentery	77	1	8	35	2	20	7	4	-
Ophthalmia Neonatorum	0	-	-	-	-	-	-	-	-
Puerperal Pyrexia	2	-	-	-	1	1	-	-	-
Enteric Fever	0	-	-	-	-	-	-	-	-
Food Poisoning	9	-	3	2	-	2	2	-	-
Erysipelas	4	-	-	-	-	1	3	-	-
Pulmonary Tuberculosis	15	-	-	-	5	7	2	1	4
Other forms of Tuberculosis	9	-	-	3	1	3	2	-	-

Notifications of Infectious Disease for the Year 1954

	Scarlet Fever	Whooping Cough	Measles	Pneu- monia	Polio- myeli- tis	Dysentery	Puer- peral Pyrexia	Food Poison- ing	Erysip- elas	Ful- monary TB.	Other Forms TB.	TOTAL
Aston	-	-	-	-	-	-	-	-	-	-	-	-
Flamville	-	-	-	6	-	9	1	-	-	1	1	18
Blaby	12	12	1	7	-	19	-	9	-	3	2	65
Braunstone	-	5	1	12	-	-	-	-	-	2	-	20
Cosby	-	-	-	-	-	-	-	-	-	-	-	-
Countes-	-	25	2	5	1	5	-	-	1	3	2	44
thorpe	-	2	-	-	-	-	-	-	-	-	-	2
Croft	-	-	-	-	-	-	-	-	-	-	-	-
Elmes-	-	-	-	-	-	-	-	-	-	-	-	-
thorpe	-	-	-	-	-	-	-	-	-	-	1	1
Enderby	3	-	1	-	-	2	-	-	-	3	1	10
Glenfield	1	15	3	1	-	15	-	-	2	1	-	38
Glen Parva	2	2	-	5	-	3	-	-	-	1	-	13
Huncote	-	-	-	-	-	-	-	-	-	-	-	0
Kilby	-	-	-	-	-	1	-	-	-	-	-	1
Kirby Muxloe	-	6	1	2	-	8	-	-	-	-	1	18
Leicester	-	-	-	-	-	-	-	-	-	-	-	0
Forest West	-	-	-	-	-	-	-	-	-	-	-	0
Lubbes-	-	-	-	-	-	-	-	-	-	-	-	0
thorpe	2	-	1	-	-	8	-	-	-	-	-	11
Narborough	-	-	-	-	-	-	-	-	-	-	-	0
Potters	-	-	-	-	-	-	-	-	-	-	-	0
Marston	-	-	-	-	-	-	-	-	-	-	-	0
Sapcote	-	-	-	-	-	-	1	-	-	-	-	1
Sharnford	-	3	1	-	-	1	-	-	-	1	-	6
Stoney	-	-	-	-	-	-	-	-	-	-	-	-
Stanton	1	1	-	-	-	-	-	-	1	-	1	4
Thurlaston	-	-	1	-	-	2	-	-	-	-	-	3
Whetstone	1	9	-	5	-	4	-	-	-	-	-	19
Wigston Parva	-	-	-	-	-	-	-	-	-	-	-	0

Infectious Diseases (other than Tuberculosis)

Average per Year in Triennial Periods

	1925 - 1927	1928 - 1930	1931 - 1933	1934 - 1936	1937 - 1939	1940 - 1942	1943 - 1945	1946 - 1948	1949 - 1951	1952 - 1954
Smallpox	2	27	24	-	-	-	-	-	-	-
Scarlet Fever	27	94	88	142	44	90	97	70	44	34
Whooping Cough	-	-	-	-	-	101	74	131	164	111
Diphtheria	39	43	12	36	27	42	13	5	-	-
Measles	-	-	-	-	-	485	393	216	525	232
Pneumonia	7	11	10	10	12	24	20	27	30	46
Meningococcal Infection						5	5	3	0.7	0.7
Poliomyelitis	-	-	0.7	0.7	1	0.7	0.3	2	9	1.3
Dysentery						8	4	3	36	40
Ophthalmia Neonatorum	1	2	2	1	0.7	1	0.7	-	0.3	0.3
Puerperal Pyrexia	0.7	1	4	3	3	5	3	2	0.7	1
Enteric Fever	1	2	1	1	0.3	2	1	0.7	0.3	-
Food Poisoning									5	10
Erysipelas	12	11	8	12	11	12	13	7	6	6

General Comment

The total incidence of infectious diseases in 1954 is lower than in the previous year. Whooping cough was responsible for the greatest number, with dysentery a near second. Apart from these, the incidence of all the others is on the low side. Most of the cases of infectious diseases occurred, as would be expected, in the school-age group 5-15 years. This is the age when there is general intermixing and intimate contact at a time when the infectious diseases are not recognised as such, and when they are most infectious. The infection is then carried home and spread amongst the pre-school age group 1-5 years. A noteworthy exception to this is pulmonary tuberculosis where the first cases occurred after the school period, 15-25 years.

It will also be noted that during the year there were no cases of diphtheria, typhoid fever, or ophthalmia neonatorum. There is a great deal to be thankful for in this happy state of affairs, when one recalls the ravages of these three infections. For example, take ophthalmia neonatorum only a few years back. It has been stated that:- "In the nineteenth and early part of the twentieth century, thousands of eyes were destroyed by purulent conjunctivitis of the

new-born." Indeed, chiefly because of the control of eye infection in recent times, it has been estimated that nearly half of the 100,000 blind community of Great Britain are more than seventy years old."

The parishes showing the highest incidence of infectious diseases were Braunstone, Countesthorpe, and Glenfield in that order.

Thinking of infectious diseases, it has been suggested that public telephones may be a means of transferring infection among the users. With this in mind, a survey was made in the London area and reported on by R.E.O. Williams, M.D., B.Sc. In this the mouthpieces and earpieces of a total of 153 telephones in offices and public kiosks were examined bacteriologically.

The instruments in public kiosks in Central London are, as a routine, cleaned by wiping with a cloth moistened in a proprietary phenolic disinfectant three times a week. From this survey it is clear that public telephones are not often heavily contaminated with known pathogenic bacteria (i.e. germs causing disease in man). Moreover, the removal of contamination from the mouthpiece by blowing is not very easy, because germs are sprayed on to the mouthpiece in saliva or sputum and they become firmly fixed when this dries. Provided the user does not touch the mouthpiece during use - and there is no need to do so - the danger of acquiring infection from any contamination that may be present appears to be small. The earpiece is more likely to spread infection because of actual contact, but then, generally speaking, infectious diseases are not spread via the ear.

In conclusion Doctor Williams says:- "It seems improbable that there is any appreciable risk of respiratory infection being transmitted by way of telephones in ordinary use." It is satisfactory to be assured that the use of so valuable a means of communication is without any attendant danger, and that the only precaution advisable is the obvious common-sense one of keeping the mouthpieces clean.

I have been assured by the telephone authorities that the telephones in this District are cleaned with a proprietary disinfectant once a week.

Scarlet Fever

There was a fall in the number of cases of scarlet fever reported in the area during 1954 when compared with the previous year. Of the twenty-two cases reported during the year one was removed to hospital. It is rarely necessary in the patient's interests to require hospital treatment these days for this condition which is now mild in type. However, isolation away from home may in certain circumstances prove necessary in the community's interest, e.g. in the homes of milk or food handlers. There were no localised outbreaks and the majority of cases were recorded in school-age children.

Whooping Cough

There was also a fall in the number of cases of whooping cough reported during the year - 80 in comparison with 148 in 1953. The majority of cases occurred between the ages of one and five, but there were seven cases under one year. It is rather a sad and pathetic sight to witness a baby having spasms of coughing, and not yet having acquired the art of bringing up phlegm, or clearing the throat. However, our new methods of antibiotic treatment greatly lessen the severity of the attacks if given sufficiently early. As whooping cough today is a mild infection in the healthy older infant, it has been suggested that antibiotic treatment should not be given here, so that the infant may be allowed to build-up its own natural resistance, otherwise there is the possibility of yet another attack later on.

"Up in the North, a long way off,
The donkey's got the whooping cough."

Diphtheria

There were no cases of diphtheria notified during 1954 - a tribute in itself to our immunisation programme. This is the sixth year running that there have been no reported cases in the District; but let there be no doubt about the position, that the complete defeat of diphtheria is only dependent on a high state of immunisation. If this is not maintained, then there is a danger of diphtheria returning. What a panic there would be, and how dreadfully sorry some parents would find themselves! - all because of two simple injections which cause little or no discomfort. It is also emphasised that there has been little advance in the treatment of this disease when compared with other diseases, and that the relative scarcity at the present time may result in delay in diagnosis, and treatment, if and when the disease is re-introduced, with its obvious tragic consequences.

Numbers of Children Immunised					Number of babies born during preceding year minus deaths under 1 year
	Primary		Total	Re-immunised	
	Under 5	5-14			
1947	568	70	638	170	680
1948	610	43	653	410	189
1949	510	28	538	373	639
1950	423	37	460	263	623
1951	461	11	472	403	573
1952	462	35	497	343	567
1953	364	21	385	370	553
1954	415	40	455	370	523

To obtain some idea of the proportion of children immunised, a rough and ready way is to compare the number of primary immunisations under 5 years of age with the number of births during the preceding year who survived that year. This has been done in the table and gives a percentage of 79 immunised. Looking at it another way, from 1946-53, there were 4,847 children born, and from 1947-54, there have been 4,098 primary immunisations - giving a percentage of 85. Re-immunisations, which are just as important to maintain a high level of immunity, seem to be lagging behind.

Arrangements for immunisation are the responsibility of the Leicestershire County Council. The procedure adopted by them is that when a child attains the age of eight months, a letter is sent to the parents regarding immunisation against diphtheria. The parents are asked to make the necessary arrangements with their own family doctor for the treatment - a combined "request and consent" card being supplied for this purpose. Attached also is a pre-paid card notifying the intentions of the parents to the County Health Department.

If no consent is received from the parents or no completed certificate is received from a general practitioner, a health visitor investigates the case and endeavours to persuade the parents to allow the child to receive the appropriate treatment. The general practitioners, who receive supplies of material free of charge, have co-operated well, some of them holding special sessions at their surgeries, particulars of which are known to the health visitors, so that children can be dealt with without delay. No immunisation is undertaken by the Council's medical staff, except for a few cases where for some reason or other the services of a general practitioner are not readily available.

A further letter urging a booster dose of diphtheria prophylactic is sent to the parents some little time before the child is due to enter school.

Measles

The year was a very lean one for Measles, twelve cases being recorded. This fits in very well with the characteristic picture of this disease which seems to come in waves every other year, as we well know at the time of writing.

Poliomyelitis

There was one recorded case during the year. This was in a Student Nurse employed at Countesthorpe Residential Nursery. She was removed to hospital and diagnosed as a case of bulbar poliomyelitis. There were no other associated cases.

The Chief Medical Officer of the Ministry of Health in his report for 1953 stated:- "Whilst the prospect of an effective and practicable means of vaccination against poliomyelitis seems better now than hitherto, there may be considerable wisdom in making haste slowly; for much remains to be determined Much patient work will yet be needed before poliomyelitis is controlled, and we must beware of proclaiming victory before the battle is even properly

joined." The wisdom of these words is borne out by the events which recently happened in America.

Dysentery - Sonne

During the year there were 77 notified cases of some dysentery and the great majority of these were confirmed by bacteriological examination. It should be recalled that prior to this, and continuing during the year, there were many cases in the adjoining large urban area. It would have been most unusual, indeed miraculous, if there had not been an extension into our contiguous area.

Monthly Incidence in Parishes

	January	February	March	April	May	June	July	August	September	November	December
Glenfield	1	13								1	
Braunstone		3	3	3		1	1	5		3	
Narborough			1	2	2		1	2			
Glen Hills			1		1				1		
Blaby				5			2		2		
Countesthorpe				4	1						
Sharnford					1						
Kilby						1					
Kirby Muxloe						8					
Whetstone							4				
Enderby									1		

It will be seen from this that there were fourteen cases in Glenfield at the end of January and during February, which involved five families. There were five cases in one family, father being the only one that escaped infection. In Braunstone a few cases occurred each month during most of the year in eleven families. In Narborough six families were involved; in Glen Hills - three; in Blaby - three; in Countesthorpe - three; in Kirby Muxloe - four; in Whetstone - two.

In all, members of 41 families were infected and 32 of these families included children of school-age and under. The initial case in 81% of the families with children was in one of the children. In houses with school-children, the initial case was a school-child in 66% of families.

The average period of isolation for child cases and child

contacts was 30 days - the shortest period being 12 days and the longest 71 days. For school-children this represents an appreciable loss of educational time, except when the time co-incides with holiday periods. The reason for this is that many children required two and sometimes three courses of treatment before the requisite negative samples could be obtained. There is little sense in allowing child contacts back to school while there is a positive case in the household. Perhaps more use of the newer antibiotics will in future lessen this period of isolation and quarantine.

Attack Rates

In those exposed to a case in the family

Age	Number	Cases	Attack Rate (Per Cent)
0 - 4	21	13	62
5 - 10	41	28	68
11 - 14	11	6	55
15 +	94	~~77~~ 30	~~46~~ 32
All ages	167	77	46

From this it will be seen that in all 167 people were exposed to infection and 77 became infected, giving an attack rate of 46%. The attack rate was highest among school-children between 5 and 10 years of age, where nearly seven children out of every ten in the families involved became infected.

One strong impression gained from following these dysentery cases is that where there are a number of children in the house, it would be rare if more than one did not become infected.

On receiving notification of a case of dysentery, the house is immediately visited. A general talk is given to the mother on the condition in general, and particular attention directed to the means of spread. All school contacts are excluded from school and the parents advised on house and garden isolation, but they could go for a walk provided they were supervised and kept to themselves. The schools where the children attend are also visited and the head-teachers requested that on the slightest suspicion of any children having bowel symptoms, they are to be sent home and the mother instructed to call in the doctor. Also a talk is given to the children on the great importance of handwashing after being to the lavatory and before each meal.

In each case three negative faecal samples were obtained before being allowed back to school, and all school contacts had the same. Generally speaking, mothers were very co-operative, but there were occasions when faecal specimens were not readily forthcoming, from fathers.

All told, it is felt that our strict methods did bring a measure of reward as there could have been a more widespread infection. It may have been that with the infection being a mild one in the majority of cases, a correct diagnosis may not have been made, or patients did not trouble to seek medical advice. I do not think this was likely in school-children, as the teachers kept a very vigilant look-out and information would have been received about any child having bowel symptoms. On looking at the 'Monthly Incidence in Parishes' table it will be appreciated that in the great majority of cases, after the initial notifications, there were few, if any, further notifications.

Sonne dysentery is an infection of the large intestine resulting in diarrhoea, which, if sufficiently severe, may be accompanied by bleeding. The vast majority of cases today are very mild, presenting little more than a transient diarrhoea without any blood, especially if the victim is a previously healthy adult or adolescent. Yet the same infection in a small child or debilitated adult may be serious, if not fatal.

It is generally looked on as a "contagion", spread directly from case to case with symptomless excretors and convalescent carriers playing some part. Food-borne outbreaks do occur from time to time, but they are uncommon. It is an infection which can spread where the standard of hygiene is relatively high. This rather suggests that the infecting dose of the germ is small.

It has been stated that in the large centres of population, dysentery is probably always present. At some times it is confined to relatively small areas, not necessarily characterised by poor housing and overcrowding; at other times it spreads widely from these centres through the suburbs and into the surrounding countryside, but may miss completely many small and some large centres of population. The factors that determine whether the infection will spread widely or not are not well understood - immunity of the population, housing conditions, social behaviour, even the weather, may all play a part.

It would be a council of despair to recommend taking no action to prevent its spread, although there is quite a lot about the means of spread that we do not understand. On the other hand, to exclude all infected persons from school or work, or from the society of their friends and neighbours, would entail more dislocation than the severity of the infection warrants. A middle course is usually steered and much reliance is placed on the good hygienic sense of adolescents and adults.

Food Poisoning

Nine cases occurred and in no instance was the germ responsible for the symptoms discovered, stool samples being taken from cases and familial contacts.

Two of the cases were thought to have been due to eating pressed beef purchased from a shop in Leicester. The Medical Officer of Health for Leicester was informed and his investigation showed that at least one of the food handlers employed in making

this pressed beef had germs in his nose which could have caused food poisoning.

Two other cases in a family of three involved mother and daughter. The symptoms lasted twenty-four hours. The incriminating food was thought to be some pork which they had for their Sunday dinner. As usual, no scraps had been kept for bacteriological examination, and faecal samples proved negative.

All the other cases were single isolated cases, and faecal samples again proved negative.

Tuberculosis

Fifteen cases of pulmonary tuberculosis and nine cases of non-pulmonary tuberculosis were notified during the year. There were four deaths, and this gives a rate which is the lowest recorded.

Total cases of Tuberculosis remaining on Register

	Pulmonary		Other Forms of Tuberculosis	
	Male	Female	Male	Female
New Cases	6	9	6	3
Total on Register at 31st December 1954	103	90	24	18
TOTAL	193		42	

Pulmonary Tuberculosis - New Cases

Age of Males	25, 27, 34, 34, 57, 59 years
Age of Females	17, 17, 19, 21, 23, 33, 38, 40, 82 years

It is rather tragic to think that so many young women develop active pulmonary tuberculosis. The age period 15-25 years is one where it is well known that the incidence of tuberculosis has increased, and it is for this reason that a tuberculin skin test with B.C.G. vaccination, where necessary, is now being offered to all school leavers in the county. As well as this, mass radiography, or a miniature Xray, is available for all those over thirteen years of age, free of charge, merely by making an appointment. The procedure is a lot shorter than what men go through to have their hair cut, and is certainly a great deal simpler than what our tolerant wives and sweet-hearts endure in

having their beauty treatment. Which is the more important? Still hair comes before health in many cases! Think of it - attend once a year, and in and out in less than ten minutes. What could be easier?

In a memorandum on 'Prevention of Tuberculosis' issued by the Ministry of Health is the following:- "Prevention of spread of the human type of bacillus is well known to be a matter of avoidance of respiratory infection and such infection arises from contact, more or less intimate, with other active respiratory cases. It may occasionally arise from the inhalation of dust contaminated with dried sputum without any contact with an infected person, but it is common knowledge that the likelihood of primary infection depends mainly upon the intimacy of contact with an infected person".

The control of tuberculosis hinges mainly on finding every person with an active infection. Here we are dependent a great deal on individuals coming forward and making full use of the facilities which are offered for early diagnosis. It may be a little hard at the time to face realities, but, in the long run, it might save a great deal of human suffering and misery.

Death Rates relating to all forms of Tuberculosis
(With comparative figures for England & Wales)

Rates per 1,000 population

	Estimated Population	Total No. of Notifi- cations	Notifi- cation Rate	Total No. of Deaths	Death Rates	Death Rate England & Wales
1932	34,290	44	1.28)	29	0.85)	0.82
1933	35,070	45	1.28)	36	1.03)	0.80
1934	36,260	49	1.35)	30	0.83)	0.74
1935	27,100	31	1.14)	19	0.70)	0.70
1936	31,080	24	0.80)	15	0.50)	0.67
1937	32,230	32	0.90)	14	0.43)	0.67
1938	33,090	20	0.60)	7	0.21)	0.62
1939	34,290	25	0.73)	18	0.52)	0.62
1940	34,180	32	0.94)	17	0.50)	0.67
1941	36,300	51	1.40)	15	0.70)	0.70
1942	35,740	54	1.51)	17	0.48)	0.61
1943	35,470	38	1.07)	23	0.65)	0.61
1944	35,520	42	1.18)	13	0.37)	0.57
1945	35,180	21	0.60)	14	0.40)	0.56
1946	37,460	22	0.59)	21	0.56)	0.53
1947	37,170	25	0.67)	10	0.27)	0.54
1948	38,050	30	0.79)	11	0.29)	0.88
1949	38,360	37	0.96)	11	0.29)	0.45
1950	39,130	25	0.64)	10	0.26)	0.36
1951	39,520	33	0.84)	12	0.31)	0.31
1952	39,750	35	0.88)	10	0.25)	0.24
1953	39,810	33	0.83)	8	0.20)	0.20
1954	39,800	24	0.60)	4	0.10)	

DEATH FROM ALL CAUSES

	1954		
	Males	Females	Total
1. Tuberculosis, respiratory	2	2	4
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	1	-	1
4. Diphtheria	-	-	-
5. Whooping Cough	-	1	1
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective & parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	2	7	9
11. " " lung, bronchus	7	2	9
12. " " breast	-	15	15
13. " " uterus	-	2	2
14. Other malignant & lymphatic neoplasms	19	21	40
15. Leukaemia, aleukaemia	-	2	2
16. Diabetes	1	3	4
17. Vascular lesions of nervous system	33	40	73
18. Coronary disease, angina	28	19	47
19. Hypertension with heart disease	10	7	17
20. Other heart disease	44	52	96
21. Other circulatory disease	10	7	17
22. Influenza	0	2	2
23. Pneumonia	5	5	10
24. Bronchitis	10	5	15
25. Other diseases of respiratory system	2	-	2
26. Ulcer of stomach and duodenum	3	1	4
27. Gastritis, enteritis & diarrhoea	-	-	-
28. Nephritis and nephrosis	3	1	4
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	1	1
31. Congenital malformations	1	1	2
32. Other defined & ill-defined diseases	20	20	40
33. Motor vehicle accidents	6	-	6
34. All other accidents	1	4	5
35. Suicide	4	2	6
36. Homicide & operations of war	-	-	-



REPORT OF THE CHIEF SANITARY INSPECTOR

for the year 1954

To the Chairman and Members of the
Rural District Council of Blaby.

Sir, Ladies and Gentlemen,

I am pleased to present the Annual Report on the Sanitary Circumstances of the District, which gives some indication of the work carried out by the technical side of the Public Health Service, and, in particular, the duties performed by the Sanitary Inspectors.

As usual, the Report is principally statistical in form and shows the gradual progressive improvement that is being made in the District year by year.

Two sections in the Report are worthy of emphasis, Housing and Meat Inspection. At the end of the War in 1945, under the Rural Housing Survey, all dwellings in the District were graded as to their degree of fitness for habitation; after a period of ten years, a start was made by Official Representation in December 1954 on the first Slum Clearance Scheme in the District.

The de-control of meat supply necessitated the re-opening of twelve Private Slaughterhouses in the District in July 1954, and accordingly, considerable additional work was thrust upon the Sanitary Inspectorate by way of meat inspection.

In submitting this my twelfth Annual Report, I should like to thank the Medical Officer of Health for the opportunity to present it with his report on the Health of the District, and also to express my thanks and appreciation to the Members and the other Officers of the Council for their continued interest, support, and co-operation.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN J. GALSWORTHY,

Chief Sanitary Inspector.

1. WATER SUPPLY

Mains Water Supplies

Twenty out of the twenty-three parishes in the District are provided with mains water supply. The remaining three parishes are principally agricultural in character and have no villages or groups of dwellings as centres, but certain farms in such parishes are on piped supply.

Mains water is supplied to the various parishes by three authorities.

Parish	Supply
Braunstone Blaby Cosby Countesthorpe Enderby Glenfield Glen Parva Huncote Kilby Kirby Muxloe Narborough Whetstone Lubbesthorpe (Part)	Leicester Corporation
Thurlaston	Leicester Corporation under agreement with Blaby R.D.C.
Stoney Stanton Sapcote Sharnford Elmesthorpe Wigston Parva Aston Flamville	Blaby R.D.C.
Croft	Croft Granite Brick and Concrete Company Limited.

Quality of Mains Water Supplies

Samples of water are regularly taken from the three public supplies of piped water in the District and submitted for chemical and bacteriological examination to ensure that they are maintained at a satisfactory degree of purity. The waters from the Blaby R.D.C. and the Croft Granite Company's supplies are considerably hard, and the degree of hardness in the supply from Leicester Corporation is sufficient to prevent any plumbo-solvent action.

Analysis of Mains Water Supplies - 1954

Examination	Samples Taken	Satisfactory	Not Satisfactory
Chemical	21	21	0
Bacteriological	21	21	0

	Leicester Corporation	Blaby R.D.C.	Croft Granite Company
Total Solids	70.0	940.0	1800.0
Loss on ignition	20.0	140.0	200.0
Free ammonia	0.0	0.0	0.0
Albuminoid Ammonia	0.020	0.040	0.040
Nitrogen	0.820	1.0	3.0
Oxygen consumed in 4 hours	0.380	0.471	0.31
Chlorine	12.000	32.000	60.000
Hardness	46.000	550.000	900.000
	pH 8.5	pH 7.8	pH 7.8
Lead and Copper	absent	absent	absent
Bacterial count at 37°C	7 organisms per CC	5 organisms per CC	15 organisms per CC
Bacillus Coli 44°C	Absent in 10 CC's	Absent in 10 CC's	Absent in 10 CC's

Shortage of Supply

There would appear to be no real shortage of supply of water to the District, but during the year complaints were received of occasional inadequacy of pressure in various parts.

The completion of the new storage reservoir by the Leicester Corporation Water Department at Enderby, and the installation of an additional storage tank at the Sapcote Waterworks of the Blaby R.D.C., improved supplies in those respective areas.

Well Water Supply

In certain parts of the District there are groups of dwellings relying on inadequate well water supplies, and whilst these may not be 'sizeable communities', and the cost of providing mains supplies may be considered to be uneconomical at the present time,

nevertheless, consideration will have to be given to the possible extension of the water mains to ensure adequate supplies of wholesome water to such communities. Such groups of dwellings are at:-

Broughton Road, Stoney Stanton; Seine Lane, Enderby;
Hinckley Road, Leicester Forest West; Stanton Lane,
Potters Marston.

Examination of Well Water 1954

Samples Satisfactory		Samples Not Satisfactory	
Chemical	Bacteriological	Chemical	Bacteriological
3	3	0	5

During the year 85 dwellings formerly served by 25 polluted wells were provided with mains water supply.

One well was cleansed.

The following tables indicate the present water supply position in the District and in the various parishes.

WATER SUPPLY FROM MAINS				WATER SUPPLY FROM WELLS	
Approximate Number of Houses		Estimated Population		Approximate Number of Houses	Estimated Population
12,346		39,240		310	980
Direct Supply to House	By Stand-pipes	Direct Supply to House	By Stand-pipes		
11,980	366	38,060	1,180		

PARISH	Number of Occu- pied Premi- ses	Esti- mated Popu- lation	Number of Houses on Mains Supply	Number of Houses with Water Direct to House	Number of Houses Served by Stand- pipes	Number of Houses Served by Wells
Aston Flamville	39	115	31	31	-	8
Blaby	971	3,100	962	917	45	9
Braunstone	2,983	9,000	2,983	2,983	-	-
Cosby	509	1,575	493	485	8	16
Countes- thorpe	706	2,140	705	677	28	1
Croft	347	1,130	342	277	65	5
Elmes- thorpe	109	350	101	101	-	8
Enderby	1,150	3,650	1,143	1,119	24	7
Glenfield	1,177	3,550	1,177	1,146	31	-
Glen Parva	1,050	3,140	1,046	1,046	-	4
Huncote	188	570	168	152	16	20
Kilby	85	240	62	59	-	23
Kirby Muxloe	938	3,100	932	931	1	6
Leicester Forest West	13	50	2	2	-	11
Lubbes- thorpe	27	75	11	11	-	16
Narborough	783	3,500	775	773	2	8
Potters Marston	12	45	1	1	-	11
Sapcote	270	870	253	240	13	17
Sharnford	184	550	166	163	3	18
Stoney Stanton	433	1,430	426	351	75	7
Thurlaston	145	400	54	38	16	91
Whetstone	521	1,600	502	466	36	19
Wigston Parva	16	40	11	8	3	5
TOTAL	12,656	40,220	12,346	11,980	366	310

2. SEWERAGE AND DRAINAGE

Fifteen of the twenty-three parishes in the District have main sewerage, the sewage being treated at ten sewage disposal works.

Blaby and Whetstone
Braunstone
Cosby and Narborough
Countesthorpe
Croft and Huncote
Enderby
Glenfield
Glen Parva
Kirby Muxloe
Sapcote, Sharnford and Stoney Stanton.

I am indebted to the Engineer and Surveyor, Mr. F.W. James, for the following details of pending and proposed works of sewerage.

Thurlaston - Sewerage scheme approved, tenders to be invited.

Elmesthorpe - Sewerage scheme for this parish has been submitted to Ministry.

Wigston Parva - Sewerage scheme deferred on account of cost.

Work is in progress on the laying of sewers in Kilby and the construction of the sewage disposal plant.

During the year sewers were constructed in the following parishes:-

Aston Flamville - Ten houses on Aston Lane were re-drained by a sewer and ejector plant and connected to the sewerage system of the adjoining authority, Hinckley U.D.C.

Countesthorpe - Sewer extended in Cosby Road permitting the re-drainage of thirteen houses.

Enderby - Sewer extended in Ratby Meadow Lane to serve six houses, and also in Sandhill Drive for new development.

Cesspools

As a result of the sewer extensions completed during the year, and the extensions carried out to the sewers on the Dominion Estate, Glenfield, during the year it was possible to have eighty-eight cesspools abolished and the dwellings connected to foul sewers. Only one new cesspool was constructed during the year to a bungalow erected on a site where no sewer was available.

In general, cesspools cannot be considered to be a satisfactory

method of drainage disposal, for although the Council has undertaken to empty cesspools to private dwellings in most parts of the District every three months, it is found that in the majority of cases the cesspools are of inadequate capacity and overflow within this period. Such unsatisfactory conditions exist at groups of houses in various parts of the District, particularly where mains water supply is available at Elmesthorpe; Cambridge Road, Cosby; Thurlaston Lane, Croft; Cambridge Road, Whetstone; Warwick Road, Whetstone; and Hinckley Road, Leicester Forest East, Kirby Muxloe.

Excluding farms, there are approximately 286 premises still on cesspools in the District.

Pail Closet Conversions

Reasonably good progress was made during the year in the conversion of pail closets to water closets. Two hundred and forty seven actual conversions were carried out, but only one hundred and sixty-eight were cleared by the end of the year for payment of grant, whilst sixty-four were made at Council houses.

The majority of these conversions were made in Stoney Stanton, Sapcote, Sharnford, and Glenfield following main sewerage and sewer extensions. In these parishes, it was anticipated that the rate of conversion would have been quicker, but in many cases it was found that the builders and contractors instructed by the owners to carry out the conversions had to delay commencement due to their engagements on other building works.

In other parishes where sewers are available, the rate of conversion has been very slow, and I regret the apparent reluctance of certain owners of tenanted properties to take advantage of the grant made by the Council and have the remaining obsolete pail closets converted to water closets.

It is appreciated that there may be cause to delay such conversions, where the future of the property is obscure pending possible demolition or clearance, but bearing in mind the permitted rent increase of eight per cent per annum of the cost of such improvement, and the grant from the Council of half the cost of the work of conversion, but not exceeding £7.10s.0d. per conversion, there would appear to be no legitimate excuse for owners of other dwellings to deny their tenants decent sanitary accommodation in keeping with present day standards.

Upon the completion of main sewerage in Kilby and Thurlaston, and the conversion schemes for these two parishes, the Council will have to consider the conversion of the remaining pail closets, where practicable in the District, by statutory action under the provisions of Section 47 of the Public Health Act, 1936.

Pail Closet Position

PARISH	Converted 1954	Grant Appli- cations 1954	Appli- cations approved. Conver- sions not Completed	Pail Closets at 31.12.54.	Remarks
Aston Flamville	0	0	0	16	Not sewered
Blaby	1	2	3	13	
Braunstone	0	0	0	0	
Cosby	2	2	1	8	
Countes- thorpe	6	1	8	21	
Croft	2	1	32	98	
Elmes- thorpe	0	0	0	13	Not sewered
Enderby	20	22	0	30	
Glenfield	24	15	19	36	
Glen Parva	0	0	3	3	
Huncote	2	0	2	8	
Kilby	0	0	0	70	Not sewered
Kirby Muxloe	1	1	1	7	
Leicester Forest West	0	0	0	2	Not sewered
Lubbes- thorpe	0	0	0	18	Not sewered
Narborough	2	2	3	10	
Potters Marston	0	0	0	6	Not sewered
Sapcote	32	27	33	183	Sewered 1953
Sharnford	28	33	15	104	Sewered 1953
Stoney Stanton	112	28	50	208	Sewered 1953
Thurlaston	0	0	0	98	Not sewered
Whetstone	0	0	9	63	
Wigston Parva	0	0	0	11	Not sewered
TOTAL	232	134	179	1,026	

Conversion Progress

<u>Year</u>	<u>Number of Conversions</u>
1945	43
1946	88
1947	120
1948	124
1949	140
1950	177
1951	233
1952	140
1953	107
1954	232 (Cleared through Committee)
<u>Total Post-War Conversions</u>	<u>1,404</u>

Pail closets throughout the District are emptied weekly by the Cleansing Department and the contents disposed of by discharge into foul sewers at suitable manholes; treatment at the Council's central refuse tip; and occasionally on suitable agricultural land for manurial purpose.

During the year, principally in connection with conversions and re-drainage of premises, 91 drains were colour tested, 16 smoke tested, and 259 opened for examination. One hundred and twenty obstructed drains were cleared.

Sanitary Accommodation in Schools

Improvements to the sanitary accommodation at the Infants' and Junior schools at Stoney Stanton by the replacement of pail closets by water closets were carried out during the year by the County Education Authority. Although the Board of Managers have the matter under consideration, it is regretted that such improvements have not yet been made at Sapcote C. of E. school.

Public Conveniences

The Council has now provided public conveniences in Narborough and Enderby. These are much appreciated by the public and particularly by those persons whose business brings them into the District. Unfortunately, there are persons who have not yet been educated to respect public property, and accordingly, the Council is hesitant to provide hand washing facilities, so essential in the interests of hygiene, in these unattended conveniences.

3. PUBLIC CLEANSING

The Cleansing Department is under the control of the Engineer and Surveyor.

A weekly collection of house refuse is made in every parish in the District, nine refuse collection vehicles being used. Refuse is disposed of at one central tip in Enderby by controlled tipping.

4. SANITARY INSPECTION

The number of complaints recorded in the Register during the year was 309. Defects or nuisances totalling 739 were dealt with at 424 premises.

Inspections and Revisits

Bakehouses	7
Dairies	134
Drainage Work	2,034
Dwelling Houses	1,162
Factories and Workplaces	68
Food Premises	391
Infectious Disease Enquiries	548
Food Poisoning Enquiries	4
Keeping of Animals	2
Piggeries	11
Movable Dwellings	62
Refuse and Accumulations	16
Rodent Infestation	26 (excluding visits by Rodent Operative)
Schools	3
Shops	4
Slaughterhouses (meat inspection)	728
Smoke Nuisances	7
Verminous and dirty premises	6
Water Supplies	132
Water Courses and Ditches	36
Storage of Petroleum	19
Unclassified	251
	5,651
Rodent Control	3,181
<u>Grand Total</u>	<u>8,832</u>

Notices

Preliminary or Informal

	Public Health	Housing
Outstanding on 1st January	611	45
Issued during year	267	33
Complied with during year	358	53
Statutory Action necessary	5	3
Outstanding 31st December	520	25

* Preliminary Notices sent out in respect of water supply, drainage, and conversions, following sewerage and water schemes, cause these figures to be particularly high.

Total Informal Notices issued 300
Total Informal Notices complied with 411

Statutory or Formal

	Public Health	Housing
Outstanding on 1st January	0	4
Issued during year	5	3
Complied with during year	3	4
Outstanding 31st December	2	3

5. SHOPS

The provisions of Section 38 of the Shops Act, 1950 are enforceable by the Council. This Section provides for the health and comfort of workers in shops, and relates specifically to:-

Sanitary Accommodation
Temperature
Ventilation
Washing Facilities
Lighting
Facilities for taking meals.

Although there are 297 shops in the District, the great majority are small family businesses, employing no shop assistants, to which the provisions of this Section of the Act do not apply.

When inspections are made at food shops regard is also given to the requirements of the Shops Act; but such inspections are not recorded as Shops Act inspections unless some contravention of the Act is found. No contraventions were found during the year.

6. REGULATED PREMISES

There are no particular premises to which special regulations apply, such as Common Lodging Houses and Offensive Trades, in the District.

Details of action with regard to Tents, Vans, and Sheds, etc., are given in the section in this report under the heading Movable Dwellings.

7. VERMINOUS PREMISES

Only one case of infestation by bugs was reported during the year. The dwelling was effectively disinfested.

From observation it would appear that the District is remarkably free from infestation by bugs and fleas; even during the inspection of the unfit dwellings in areas earmarked for clearance, no evidence of bug infestation was found. This reflects very creditably on the occupants of such dwellings who in spite of the lack of amenities in most cases manage to keep their dwellings clean and tidy.

Modern insecticides and disinfestants have played a great part in the elimination of such vermin, and it is now extremely rare to find evidence of re-infestation after treatment has been carried out.

8. SMOKE ABATEMENT

No nuisance was observed from the emission of smoke from any chimney stack during the year.

The practice of burning waste leather at some of the boot and shoe factories in the District still gives ground for complaints. The smell from the burning of such scrap is most acrid and unpleasant, and is particularly persistent when the weather is damp and humid.

9. RODENT CONTROL

For the administration of the Prevention of Damage by Pests Act, 1949 the Council maintains a Rodent Destruction Service, employing a Rodent Operative provided with a light van.

Treatment for the destruction of rats at private dwellings is carried out free of charge as a public service, but full charges are made for work on any business premises or agricultural land.

All premises and properties owned by the Council are regularly treated for the destruction of rats and mice when found necessary.

Surface Treatments 1954

	Council Premises	Private Dwellings	Agri- cultural Premises	Business or other Premises	TOTAL
Complaints received	2	96	1	16	115
Inspection of Premises	94	3,022	12	53	3,181
Major	4	0	2	0	6
Minor	37	168	5	14	224
Mice	0	8	0	2	10
Premises Treated					
Bodies Found	185	156	67	38	446

* An infestation estimated to exceed twenty rats is classed as a Major Infestation.

In most cases of rat infestation at private dwellings, the sources of the infestations were found to be in the gardens, particularly in the vicinity of fowl runs.

The shops and factories in the District appear to be comparatively free from rat infestation, but fairly heavy infestations were found on piggeries, small holdings, and farm premises.

Regular treatments are necessary at the ten Sewage Disposal Works in the District, which tend to become infested at certain periods, particularly in late Autumn and early Spring.

The Council's Refuse Tip at Enderby is maintained remarkably free from infestation due to the efficient method of controlled tipping and constant attention.

During the year, the Rodent Operative made a total of 3,181 visits in connection with rodent control.

Sewer Treatments

The foul sewers in fifteen parishes in the District are regularly treated at six-monthly intervals for rodent destruction by baiting in the manholes.

Sewer Treatment M1/54 (Summer 1954)

	Total Number of Manholes	Manholes Baited	Manholes Bait Taken	
BLABY	85	19	2	Test bait only
BRAUNSTONE	198	24	0	
COSBY	58	14	5	
COUNTESTHORPE	68	16	4	
CROFT	42	19	6	
ENDERBY	81	9	4	Test bait only
GLENFIELD	116	10	0	
GLEN PARVA	86	20	0	
HUNCOTE	21	7	0	
KIRBY MUXLOE	144	19	0	
NARBOROUGH				
(including Littlethorpe)	71	20	3	
SAPCOTE	21	21	3	
SHARNFORD	23	23	0	
STONEY STANTON	68	26	0	
WHETSTONE	31	9	3	
TOTAL	1,113	256	30	

Where there has been no evidence of infestations in sections of sewers in certain parishes on the previous treatment, test-baiting is carried out yearly in approximately one tenth of the manholes in the area.

FOOD INSPECTION AND SUPERVISION

10. MILK SUPPLY

Dairies

There are 10 registered dairies in the District to which 27 visits were made during the year.

In general the dairies are of satisfactory construction and are maintained satisfactorily. Structural improvements were carried out at one dairy during the year.

Milk is processed by pasteurisation at 3 dairies in the District.

1. Dairy, King Street, Enderby - Enderby Co-operative Society Limited.

An "H.T.S.T." plant at these premises pasteurises approximately 380 gallons of milk daily, the milk coming from 13 local farms.

2. Dairy, Huncote Road, Stoney Stanton - R. J. Lever.

Approximately 120 gallons of milk are pasteurised daily at these premises by the "Holder" process. The milk is received from 2 local farms.

3. Dairy, 19 Lutterworth Road, Blaby - H. Wesson.

At this dairy approximately 140 gallons of milk from 3 farms are treated by the "Holder" process daily.

Milk Distribution

The number of distributors of milk on the Register in the District at the end of 1954 was:-

Producer-Retailers (milk produced in District)	12
Distributors (from premises in District)	13
Distributors (from premises outside District)	12
Total	37

Milk Licences

Under the Milk (Special Designations) Regulations, 1949, the Council issued the following licences:-

Dealers Licences

Tuberculin Tested	-	8	(Raw Milk) Regulations
Pasteurised	-	13	(Pasteurised & Sterilised
Sterilised	-	4)	Milk Regulations)

Supplementary Licences

To Distributors retailing milk in the Blaby Rural District from premises outside the District.

Tuberculin Tested	-	4	(Raw Milk) Regulations
Pasteurised	-	11	(Pasteurised & Sterilised
Sterilised	-	6)	Milk Regulations)
also T.T. Pasteurised	-	7	

Sale of Pasteurised Milk

Up to the 30th September, 1954, milk retailers were able to purchase Pasteurised milk in bulk, and bottle it as such in their own bottles at their own dairies, but from the 1st October, 1954, the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 required such bottling to be carried out at the place of pasteurisation, with the result that the small dairymen without pasteurising plants now have to obtain Pasteurised milk already bottled for retail to their customers.

Milk Samples

Samples of milk are regularly taken from milk supplies in the District and submitted to the Public Health Laboratory for bacteriological examination.

Bacteriological Examination of Milk Samples 1954

	Samples Taken	Satisfactory	Not Satisfactory
Designated (Tuberculin Tested	18	17	1
Accredited	4	4	0
Pasteurised	13	13	0
(Sterilised	-	-	-
Ordinary	40	39	1
TOTALS	75	73 (97.3%)	2 (2.7%)

Biological Examination of Milk Samples

All supplies of raw milk retailed in the District are sampled every three months and submitted to the Public Health Laboratory for biological examination to determine if any supply is infected with Tuberculosis or Brucella Abortus, the latter being the causal organism of Undulant Fever in man.

Number of Samples Taken	Satisfactory	Infected with M. Tuberculosis	Infected with B. Abortus
56	44	2	10

Where evidence of infection with M. Tuberculosis is found the matter is referred to the County Council, the Authority for the administration of the Diseases of Animals Act, and the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries. In the case of infection with Brucella Abortus, the supply is traced and individual samples are taken from each cow in the milch herd in an endeavour to determine the offending cow or cows.

Adverting to the two samples infected with M. Tuberculosis, these two cases were referred to the appropriate authorities for action. In one case the offending cow was discovered and removed, whilst in the other, in spite of exhaustive examinations, no further evidence of infection was discovered. An Order under Section 20, The Milk and Dairies Regulations, 1949 was issued by the Medical Officer of Health prohibiting the sale of the infected milk supply in its raw state, and accordingly, the supply was diverted for pasteurisation.

In the cases where Brucella Abortus was isolated from the routine samples, 157 individual samples were taken from cows in the 7 herds involved.

As the organism in one case was determined to be Brucella Melitensis - a more virulent type of organism, the matter was referred to the Divisional Veterinary Officer who dealt with the tracing and removal of the offending cow. An Order was issued by the Medical Officer of Health restricting the sale of raw milk from an infected herd until the supply had been pasteurised. In four other cases, Undertakings were accepted from the cowkeepers concerned, who were already sending in the bulk of their supplies for pasteurisation, that the milk from the individual cows shown to be infected would not be allowed to be used for human consumption without being properly pasteurised.

In the remaining case, individual sampling of the cows in the herd concerned failed to determine any offending cow, and further routine samples showed the milk to be free from infection.

11. ICE CREAM

The number of premises registered under Section 14, Food and Drugs Act, 1938 in respect of ice cream was at the end of 1954:-

Manufacture and sale of ice cream	-	9
Manufacture only	-	0
Retail sale	-	68

Although 9 premises are registered for the manufacture and sale of ice cream, no ice cream is manufactured therein, only pre-packed ice cream now being sold from the premises.

Samples of ice cream are taken when available throughout the year, but principally during the Summer months, and submitted to the Public Health Laboratory for bacteriological examination.

At the Laboratory the samples are prepared and subjected to the Methylene Blue Reaction Test, and graded into provisional grades varying from 1 to 4. Samples in provisional grades 1 and 2 may be considered to be satisfactory.

Samples Taken	Satisfactory		Unsatisfactory	
	Grade 1	Grade 2	Grade 3	Grade 4
61	38	23	0	0
	61 (100%)		0 (0%)	

In addition 21 samples of iced lollies were taken for bacteriological and chemical analysis; all were satisfactory.

12. MEAT INSPECTION

The decision of the Government to discontinue trading in meat and to end meat rationing at the beginning of July, 1954, resulted in the end of centralised slaughtering and the Council had to consider the re-opening and re-licensing of private slaughterhouses in the District.

On the 31st December, 1939, there were 20 private slaughterhouses in the District, but no licence had been issued by the Council after that date in respect of any of them, as with the coming into operation of meat rationing and centralised slaughtering in January, 1940, all these private slaughterhouses were closed for private slaughtering for meat for sale for human consumption.

In recent years one slaughterhouse had been demolished, and accordingly, the future of the remaining nineteen private slaughterhouses had to be considered, bearing in mind the needs of the District, the condition of the premises, and their situation. A special Sub-Committee of the Public Health Committee was set up to deal with this problem.

An approved standard was laid down to which all slaughterhouses had to comply, all existing slaughterhouses were inspected, and consultation took place with the local butchers. Eventually it was decided that the re-opening of 12 slaughterhouses would be adequate for the needs of the District. Schedules were issued to the owners of the 12 slaughterhouses setting out the works required to bring the premises up to the approved standard for licensing. Such works included the provision of:-

- i. Adequate cold water supply.
- ii. Impervious floors and proper drainage.
- iii. Impervious walls to a height of at least 6 feet.
- iv. Satisfactory ventilation.
- v. Adequate lighting - natural and artificial.
- vi. Adequate paving outside slaughterhouse.
- vii. Suitable washing facilities with a constant supply of hot water.
- viii. Adequate hanging space.
- ix. Adequate lairage.
- x. Sufficient bins for waste offal, etc.

In order to ensure no break down in the meat supply position, private slaughtering was permitted in the approved slaughterhouses from the 3rd July, 1954 by the issue of temporary licences, the owners being given six months to bring their premises up to the required standard.

The 12 licensed slaughterhouses are situated in the following parishes:-

Blaby	-	1
Cosby	-	1
Croft	-	1
Enderby	-	1
Narborough	-	1
Littlethorpe	-	2
Sapcote	-	1
Sharnford	-	1
Stoney Stanton	-	2
Whetstone	-	1

The re-opening of these private slaughterhouses placed considerable extra work upon the sanitary inspectors, but nevertheless one hundred per cent meat inspection was carried out during the six months of private slaughtering, as shown from the following tables.

Carcases Inspected and Condemned

(3rd July - 31 December)

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total weight in lbs
Number killed	393	31	26	2118	744	
Number inspected	393	31	26	2118	744	
All Diseases except Tuberculosis						
Whole carcase condemned	0	0	0	0	7	} 2115
Carcases of which some part or organ was condemned	71	8	0	53	16	
Percentage of number inspected affected with disease other than tuberculosis	18%	26%	0%	2.5%	3%	
Tuberculosis only						
Whole carcasses condemned	2	0	0	0	0	} 2203
Carcases of which some part or organ was condemned	26	9	0	0	0	
Percentage of the number inspected affected with tuberculosis	7%	29%	0%	0%	3.2%	

Cause of Condemnation

BOVINES		PIGS		SHEEP	
	Disease		Disease		Disease
2 Carcasses & offals	Generalised Tuberculosis	5 Carcasses & offals	Swine Erysipelas		
1 Forequarter	Tuberculous Pleurisy	2 Carcasses & offals	Acute Septicaemia		
15 Heads	Tuberculosis	18 Heads	Tuberculosis		
19 Lungs	"	3 Lungs	"		
2 Hearts	"	4 Livers	"		
1 Liver	"	2 Mesenteries	"		
1 Spleen	"				
6 Mesenteries	"				
23 Livers	Fascioliasis	2 Livers	Cirrhosis	14 Livers	Fascioliasis
11 Livers	Cirrhosis	1 Liver	Cavernous Angioma	1 Liver	Cirrhosis
2 Livers	Bacterial Necrosis	1 Liver	Hepatitis	1 Liver	Hepatitis
2 Livers	Cavernous Angioma	1 Liver	Cysts	1 Liver	Necrosis
13 Livers	Abscesses			1 Liver	Abscesses
1 Lung	Pneumonia	3 Lungs	Pneumonia	26 Lungs	Strongylus-infestation
1 Lung	Pleurisy	2 Lungs	Pleurisy	2 Lungs	Pneumonia
3 Lungs	Abscesses			1 Lung	Abscess
5 Lungs	Cysts				
1 Heart	Cysticercus Bovis	1 Heart	Endo-carditis	1 Heart	Endo-carditis
		1 Heart	Pleurisy		
1 Kidney	Necrosis				
1 Head	Cysticercus Bovis	1 Head	Abscess		
1 Hindquarter carcase	Bruising			1 Shoulder and leg carcase	Synovitis

Due to the good quality of the animals slaughtered by butchers in the District, the amount of meat condemned compared with the 3,312 animals killed is small, but, nevertheless, 684 visits to slaughterhouses were necessary for the carrying out of proper meat inspection to ensure that the meat passed was in every way fit for human consumption.

It must be appreciated that the re-opening of 12 slaughterhouses at various points in the District places considerable extra work on the sanitary inspectors with increased travelling. Accordingly, much less time is now available for the proper discharge of the very many other duties they are required to carry out.

13. FOOD PREMISES AND INSPECTION

The number of food premises in the District and the number of visits made thereto during the year are as follows:-

<u>Premises - Type</u>	<u>Number</u>	<u>Visits Made</u>	<u>Registered</u>
Dairies	10	120	Milk & Dairies Regulations
Bakehouses	9	7	Factories Act
Butchers' Shops including	26		
Cooked Meat Premises	17	94	Food and Drugs Act
Fish and Fish Frying Premises	12	17	Food and Drugs Act
Restaurants, Cafes, Canteens, etc.	17	45	
Food Shops including	152	135	
Ice Cream Premises	73	95	Food and Drugs Act
Food Stores	2	2	
 <u>TOTAL</u>	 318	 515	

In addition, 16 inspections were made of vehicles delivering or retailing milk, ice cream, and other foods.

Together with the 728 visits made to slaughterhouses -

Total Number of Inspections of Food Premises = 1,259

During the year, 43 notices were issued requiring improvements to food premises, and 31 were complied with by the end of the year.

Foods Surrendered and CondemnedWeight (approx.)

52 tins	Canned Meat	111 lbs.
122 "	" Vegetables	130 lbs.
44 "	" Fish	19 lbs.
7 "	" Milk	8 lbs.
5 "	" Soup	5 lbs.
171 "	" Fruit	233 lbs.
15 "	" Jam	31 lbs.
27 Jars	Jam	27 lbs.
224 Cartons	Yeast	224 lbs.
	Cheese	86 lbs.
	Dried Fruit	72 lbs.

Total weight

946 lbs.

Disposal of Condemned Food

Surrendered and condemned food is collected and conveyed in the Department's van to the Council's refuse tip where it is properly disposed of by burying under supervision.

14. HOUSING(A) NEW HOUSES

The following information relating to new houses and Council houses has been obtained from other Departments.

Houses completed during year	Type		Average Cost per House	Average Rent (Exclusive of Rates)
	Prefabricated Permanent	Permanent		
Council	-	92	£1,650	17/11 a week
Private Enterprise	-	219	£2,000	
=====				
Houses in course of erection at 31.12.54.				
Council	68	66	-	-
Private Enterprise	-	320	-	-
=====				

Total Number of Post-War Houses Completed

Council	1,025
Private Enterprise	908

Total Number of Applicants for Council houses at end of year	566
Number of new applications received during year	163

(B) INSPECTION OF DWELLING HOUSES DURING YEAR

- | | |
|---|-----|
| (1) Number of dwelling houses inspected for housing defects (under Public Health Act and Housing Acts). | 239 |
| (2) Number of dwelling houses which were inspected and recorded under Housing Consolidated Regulations 1925 and 1932. | 50 |
| (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. | 50 |

(C) REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES

Number of defective dwelling houses rendered fit in consequence of informal action.	53
---	----

(D) ACTION UNDER STATUTORY POWERS DURING YEAR

- | | |
|--|---|
| (a) Proceedings under Section 9, 10, and 16 Housing Act, 1936. | |
| (1) Number of dwelling houses in respect of which notices were served requiring repairs. | 0 |
| (2) Number of dwelling houses which were rendered fit after service of formal notices, | |
| (a) by owners | 0 |
| (b) by Council in default of owners | 0 |
| (b) Proceedings under Public Health Acts | |
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied | 3 |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices, | |
| (a) by owners | 4 |
| (b) by Council in default of owners | 0 |

(E) DEMOLITION AND CLOSING ORDERS

(i) Housing Act 1936

	Number of	
	Houses	Persons Displaced
(a) Houses demolished as a result of formal or informal procedure under Section 11.	8	3
(b) Houses closed in pursuance of an Undertaking given by the owners under Section 11, and still in force.	3	7
(c) Parts of buildings closed (Section 12).	0	0

(ii) Housing Act 1949

(a) Closing Orders made under Section 3 (1).	0	0
(b) Demolition Orders determined and Closing Orders substituted under Section 3 (2).	0	0

(iii) Local Government (Miscellaneous Provisions) Act 1953

Closing Orders made under Section 10 (1).	13	42
---	----	----

(F) CLEARANCE AREAS

	Number of Dwelling Houses demolished during the Year		Number of Persons Displaced
	Unfit Houses	Other Houses	
i) Land coloured "pink"	0	-	-
ii) Land coloured "grey"	-	0	-

(G) HOUSING ACT 1936, PART IV OVERCROWDING

(a) i) Number of dwellings overcrowded at end of year.	7
ii) Number of families dwelling therein.	7
iii) Number of persons dwelling therein.	47
(b) Number of new cases of overcrowding reported during year	5
(c) i) Number of cases of overcrowding relieved during year	8
ii) Number of persons concerned in such cases	4

In addition, 7 cases of overcrowding due to insufficient bedroom accommodation involving 40 persons were relieved.

(H) HOUSING SUMMARY

(a) Total number of occupied houses in District 12,656

(b) Total number of Council Houses in District 1,505

(I) HOUSING ACT 1949 - IMPROVEMENT GRANTS

(a) Number of applications for reconditioning grants received during the year 16

(b) Number of applications approved 9*

(c) Number of applications refused 7

* In order to facilitate procedure, to avoid unnecessary work, and to give an applicant an early decision as to whether or not his proposal will rank for grant, it is the policy of the Council in the first case to request the applicant to submit his proposals in outline only. Upon such application being approved in principle, the applicant is required to submit plans and full details, together with tenders, so that the Council may determine the actual amount of grant to be made.

During the year no actual improvement grant was made.

(J) GENERAL REMARKS ON HOUSING

In 1954 after a break of over fifteen years, the Government instructed Local Authorities to proceed again with Slum Clearance Schemes. Under the provisions of Section 1, Housing Repairs and Rents Act, 1954, which came into operation on the 30th August, 1954, Local Authorities have within one year to submit to the Minister of Housing and Local Government proposals for dealing with houses which are unfit for habitation, and with any other houses which are, or ought to be, included in Clearance Areas.

Immediately after the war, under the Rural Housing Survey, 9,609 dwellings in the District with a Rateable Value of £16 and under were surveyed and classified into various categories as to their fitness, or otherwise, for habitation. The survey was completed in 1948 and at that time the following was found to be the general position.

Number of Houses Surveyed	Category			
	I	II	III	V
	Fit in all respects	Fit but with certain defects	Sub-standard Individually unfit, but reconditionable	Unfit for Habitation
9,609	6,477	1,640	1,044	448

During the six years between 1948 and 1954 quite a few of the unfit and sub-standard dwellings were reconditioned, principally by new owner-occupiers, some were demolished and others were closed, with the result that when the position was reviewed in late 1954 for the preparation of slum clearance schemes, the general details of unfit dwellings in the District were given in respect of each parish as shown on the opposite page.

As the Slum Clearance Programme has of necessity to be closely allied to the Council House Building Programme, it was decided to deal first with Clearance Areas in those parishes where Council houses would be available in the near future for the re-housing of the displaced families. Accordingly, in December 1954, Official Representation was made in respect of an Area comprising of eight dwellings in Glenfield, and by the end of the year, preparations were being made for early representation of an Area in Enderby.

Notwithstanding the impetus now being given to Slum Clearance, over the past few years positive action has been taken for the demolition and closing of individual unfit dwellings in the District, principally upon the re-housing of the occupants.

During 1954 Official Representations under Section 11, Housing Act, 1936 were made in respect of fifty individual unfit dwellings, and during the year eight houses were demolished, thirteen houses closed, and three houses closed with Undertakings given by the owners.

Although considerable progress has been and is being made in the demolition and closing of unfit dwellings, I regret to have to report that little progress is being made in the repair and reconditioning of sub-standard dwellings.

It is true that the Housing Act, 1949 provides for Improvement Grants to be paid by the Council to owners who wish to recondition and bring their houses up to an approved standard, but it would appear that such grants are only really beneficial to owner-occupiers.

Owners of tenanted houses apparently are not prepared to take advantage of such Improvement Grants, bearing in mind that in addition to paying for half the cost of the work of improvement, they have also to bear the total cost of all the other necessary works of repair, and the permitted increase in rent will not provide adequate return for the capital expended. In addition to the making of an Improvement Grant, the Council may make a loan to an owner to carry out the repairs and the improvements, but most landlords are apparently reluctant to participate in such a scheme. The Housing Repairs and Rents Act, 1954 permitted landlords to increase rents under certain conditions, but, again, the Act has made no material difference to encourage landlords to put their properties into a good state of repair.

The Council has power under the provisions of Section 9, Housing Act, 1936 to require owners to carry out repairs and make certain improvements to dwellings to make them fit in all respects for habitation, but the cost of such repairs must be reasonable when compared with the value of the house, such value being based on rental return. In the many cases examined recently for possible

UNFIT DWELLINGS

	No. of Grade V Dwellings	No. of Possible Clearance Areas	Approx. No. of Dwellings in Possible Clearance Areas	of No. of Grade III Dwellings Reconditioning Required	No. of Possible Clearance Areas - Long Term Programme	Approx. No. of Dwellings in Future Clearance Areas	Balance of Individual Unfit Dwellings
Aston	0	0	0	12	0	0	12
Flamville	35	4	21	146	8	49	97
Blaby	0	0	0	9	0	0	9
Braunstone	16	1	3	66	3	29	37
Cosby	44	5	31	95	5	25	70
Countesthorpe	2	0	0	62	0	0	62
Croft	0	0	0	2	0	0	2
Elmesthorpe	61	8	44	162	8	57	105
Enderby	44	4	22	67	5	15	52
Glenfield	1	0	0	7	0	0	7
Glen Parva	16	1	5	29	2	11	18
Huncote	12	0	0	41	0	0	41
Kilby	1	0	0	17	1	7	10
Kirby Muxloe							
Leicester	0	0	0	0	0	0	0
Forest West	0	0	0	7	0	0	7
Lubbesthorpe							
Potters							
Marston	0	0	0	0	0	0	0
Narborough	13	2	6	43	2	25	18
Littlethorpe	12	2	6	30	1	10	20
Sapcote	9	1	3	54	2	7	47
Sharnford	6	1	3	48	2	8	40
Stoney Stanton	14	2	7	78	0	0	78
Thurlaston	10	1	5	71	4	16	55
Whetstone	33	3	21	96	5	61	35
Wigston Parva	3	0	0	5	0	0	5
TOTALS	332	35	177	1,147	48	320	827

action under Section 9, Housing Act, 1936, it was generally found that the cost of such repairs was unreasonable and uneconomical when compared with the value of the tenanted dwelling.

At the present time there would appear to be two standards of fitness for a house. To obtain an Improvement Grant the house must be brought up to a standard which requires the provision of a bath and hot water supply, yet the standard of fitness enforceable by the Council under Section 9, Housing Act, 1936 is now laid down by Section 9, Housing Repairs and Rents Act, 1954, which does not require such amenities to be provided, and, indeed, the 1954 standard is considered by some to be lower than that accepted before the war.

15. MOVABLE DWELLINGS

There are no licensed caravan or camping sites in the District, but the Council has endeavoured to assist those persons who for various reasons wish to station and use for habitation caravans in the District.

If strict control were not kept on the licensing of caravans, in all probability there would be a considerable influx of caravans into the area, particularly into those parishes in close proximity to the City of Leicester. The policy of the Council whereby an Annual Licence under Section 269, Public Health Act, 1936 is only issued to the occupier of a caravan for the stationing of a single caravan only on a particular site, has done much to keep the number of movable dwellings in the District down to reasonable proportions.

Where it is proposed to station a caravan in the vicinity of residential properties, or on a site exposed or adjacent to a road, approval under Planning is also required so that the amenities of the District may be preserved.

At the end of 1954 there were 25 movable dwellings licensed to be stationed in the District. Sixty two visits were made during the year to ensure that the sanitary circumstances were satisfactorily maintained.

16. FACTORIES

In addition to Agriculture, there are a considerable number of industries in the District, the principal being -

Boots and Shoes	Hosiery
Leather dressing	Knitwear
Leather washers	Dyeing
Toe Puffs	Cardboard Boxes
Electrical Components	Food Preparation
Photographic Equipment	Joinery and Sawmilling
Light Engineering	Artificial Stone, Concrete
Motor Vehicles Repair	Products
Coach Building	Concrete Pipes
Bricks and Tiles	Sand Quarrying
Stone Quarrying	

The number of factories entered in the Register at the end of 1954 was 165.

Factories Acts 1937 and 1948

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories without Mechanical Power	6	2	-	-
Factories with Mechanical Power	151	60	5	-
Other Premises included under Act	8	4	-	-

In general the sanitary conditions in the factories in the District are good. Particulars of defects found are set out below.

Cases in which defects were found

	Found	Remedied	Referred		Prosecution Cases
			To H.M.I.	From H.M.I.	
Want of cleanliness	1	1	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	-	1	-	-	-
(b) Unsuitable or defective	4	6	-	2	-
(c) Not separate for sexes	-	-	-	-	-
Other offences	-	1	-	-	-
TOTAL	5	9	0	2	0

Outworkers

Section 110, Factories Act, 1937 requires the occupier of every factory to send to the District Council during the months of February and August each year copies of a list showing all outworkers so employed by him during the preceding six months.

The lists received show that various firms in the District, as well as the City of Leicester and Urban Districts of Hinckley and Wigston, mostly engaged in the making of wearing apparel, employ outworkers residing in the Blaby Rural District.

No case of infectious disease was noted at any of the addresses of these outworkers, and no case of work in unwholesome premises was noted.

Outworkers - August Return 1954

Nature of Work	Outworkers employed by firms in District	Outworkers employed by firms outside District
Wearing Apparel		
Hosiery	13	123
Boots and Shoes	10	13
Knitwear	14	22
Gloves	0	11
Clothing	2	36
	39	205
Electrical Equipment	1	0
Total	40	205
Total	245	

There were no cases of firms in the District defaulting in sending lists of outworkers to the Council.

17. PETROLEUM

The Council is the authority for the licensing and control of Petroleum Stores under the provisions of the Petroleum (Consolidation) Act, 1928.

Petroleum spirit is stored in underground tanks at the 26 garages and petrol filling stations in the District, and, in addition, there are 41 private licensed installations and petroleum mixtures stores.

Petroleum mixtures, which form the base of adhesives used in boot and shoe manufacture, and in cellulose spraying paint for motor vehicle repairs, etc., are stored in approved stores above

ground. It is essential that such storage places be of approved construction and suitably sited to minimise the risk of fire or explosion, and I wish to acknowledge the advice and co-operation given by the Chief Officer of the County Fire Service through his Fire Protection Officer in this connection.

During the year 4 underground tanks were pressure-tested and 2 new installations approved.

Number of Petroleum Licences issued 1954	67
Total fees collected in respect of same	£51. 15s. 0d.

Produced and Printed at the Offices
of the
Blaby Rural District Council
Narborough, Leics.



